## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Bocket Number 09842346

|   |  | PART I                                    | (Column 2)      |   |                               | SMALL ENTITY TYPE            |            | OR SMALL ENTITY     |                          |       |                     |                        |
|---|--|---|-----------------|---|-------------------------------|------------------------------|------------|---------------------|--------------------------|-------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 序 21            |   |                               |                              | ſ          | RATE                | FEE                      |       | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED    |   | NUMBER EXTRA                  |                              |            | BASIC FEE           | 355.00                   | OR    | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 27 minus 20=    |   | • _1                          |                              |            | X\$ 9=              |                          | OR    | X\$18=              |                        |
| INDEPENDENT CLAIMS  |  |   | .5 minus 3 =    |   | 2                             |                              |            | X40=                |                          | OR    | X80=                |                        |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PE                             | ESENT           |   |                               |                              |            | +135=               |                          | OR    | +270=               |                        |
| • If  | the difference i                               | in column 1 is I                          | ess than ze     | ro, ente                                | r "0" in column 2             |                              |            | TOTAL               | ·                        | OR    | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                 |   |                               |                              |            | 101712              |                          | ,     | OTHER               | THAN                   |
|   | Lary Tay                                       | (Column 1)                                |                 | (Colu                                   | mn 2)                         | (Column 3)                   | SMALL      | NTITY               | OR                       | SMALL | NTITY               |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | NUM<br>PREVI                            | HEST<br>IBER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA             |            | RATE                | ADDI-<br>TIONAL<br>FEE   |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .21                                       | Minus           | ()                                      | )4                            | =                            | -          | X\$ 9=              |                          | OR    | X\$18=              |                        |
|   | Independent                                    | . 6                                       | Minus           | •••                                     | 5                             |                              |            | X40=                |                          | OR    | X80=                |                        |
|   |  | NTATION OF MI                             | JLTIPLE DEF     | PENDEN                                  | I CLAIM                       |                              |            | +135=               |                          | OR    | +270=-              |                        |
|   |  |   |                 |   |                               |                              |            | TOTAL<br>ADDIT, FEE |                          | OR    | TOTAL<br>ADDIT, FEE |                        |
|   |  | (Column 1)                                |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                               | -                            |            | • .                 |                          |       |                     |                        |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT          |                 | HIG<br>NUI<br>PREV                      | IMM 2) HEST MBER HOUSLY FOR   | PRESENT<br>EXTRA             |            | RATE                | ADDI-<br>TIONAL<br>FEE   |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .2  | Minus           | 5                                       | U                             | =                            |            | X\$ 9=              |                          | OR    | X\$18=              |                        |
| ME  | Independent                                    | • 5                                       | Minus           | ***                                     | 5                             | =                            |            | X40=                |                          | OR    | X80=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT       |   |                 |   | T CLAIM                       |                              | i          | +135=               |                          | OR    | +270=               |                        |
|   | 1  | (Iw)                                      | •               |   |                               |                              |            | TOTAL<br>ADDIT, FEE |                          | OR    | TOTAL<br>ADDIT. FEE |                        |
| 8   | 3/23/04  | (Column 1)                                |                 | (Colu                                   | ımn 2)                        | (Column 3)                   |            |                     |                          |       |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIG<br>NUI<br>PREV                      | HEST<br>MBER<br>IOUSLY<br>FOR | PRESENT<br>EXTRA             |            | RATE                | ADDI-<br>TIONAL<br>FEE / |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total ·  | . 21                                      | Minus           | 0                                       | U                             | =                            | 1          | X\$ 9=              |                          | OR    | X\$18=              |                        |
|   | Independent                                    | • 5                                       | Minus           | •••                                     | 5                             | =                            | 1          | X40=                |                          | OR    | X80=                | 1                      |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                 |   |                               |                              |            | +135=               | 7                        | OR    | +27/0=              |                        |
| ٠   | if the entry in colu                           | mn 1 is less than t                       | he entry in col | umn 2, wr<br>IS SPACE                   | ite "0" in c                  | olumn 3.<br>an 20, enter "20 | ).*<br>).* | TOTAL               | /                        | OR    | TOTAL<br>ADDIT, FEE |                        |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                 |   |                               |                              |            |                     |                          |       |                     |                        |